

# EARLY VOTING BALLOT TRANSPORT STATEMENT

~This form is to be completed each time the ballot box LOCK is OPENED for ballot transport~

**At Location**

**Election Type:** General Election

**Election Date:** 11/08/2022

**Name of Location:** MARICOPA COUNTY JUVENILE COURT - DB - VC# 15734

**BOX** 1 **OF** 2 seals

**Arrival Time:** 10:15

**Were there ballots to be picked up?**



YES <If YES, complete lines 1-5



NO <If NO, complete lines 2-5

**Completed Forms picked up?**



YES



NONE

**1) Red Box Seals #** IS 22005968 **&** IS 22005967 <Indicate the seal numbers that were placed on ballot transport box

**2) Ballot Box Sealed/Checked on (Date)** 10/24/22 **(Time)** 2:15 <Date and time box was sealed/checked

**3) Location Staff Member (Signature)** NA

**4) Transport Staff Member (Signature)** [Signature]

**5) Transport Staff Member (Signature)** [Signature]

**Departure Time:** 12:10

## Transport Receipt

This portion to be completed by the Receiving Agent at the MCTEC Facility

**Receiving Agent (Signature)** [Signature]  
Sign to acknowledge receipt from Transport Staff Member

**Date/Time:** 10/24/22 2:51  
Date of Audit Match

**Ballot Box Seals #** 1522005967 **&** 1522005968 If applicable, verify the seal numbers on the box match the above from location

**Count of Ballots in Transport Bin #** 495

**Audit Agent (Signature)** [Signature]  
Sign to affirm seal #'s match or that no ballots were to be picked up

**Date/Time:** 10/24/22 2:52 p  
Date of Audit Match

